FORM 4

# **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL

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#### Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the

### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

affirmative defense conditions of R 10b5-1(c). See Instruction 10.	ule		
1. Name and Address of Reporting  Fox-Martin Adaire	Person*	2. Issuer Name and Ticker or Trading Symbol EQUINIX INC [ EQIX ]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner
(Last) (First) C/O EOUINIX, INC.	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 06/03/2024	X Officer (give title Other (specify below) CEO and President
C/O EQUINIX, INC. ONE LAGOON DRIVE		4. If Amendment, Date of Original Filed (Month/Day/Year)	Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person
(Street) REDWOOD CITY CA	94065		Form filed by More than One Reporting Person
(City) (State)	(Zip)		

## Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

(	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Date, Transaction Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported	Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(111511.4)

# Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)		3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code (In 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)		
Restricted Stock Unit	\$0	06/03/2024		A		22,581		(1)	(2)	Common Stock	22,581	\$0	22,581	D	
Restricted Stock Units	\$0	06/03/2024		A		7,890		(3)	(2)	Common Stock	7,890	\$0	7,890	D	

#### **Explanation of Responses:**

- 1. Vesting is dependent upon continuous active service as an employee or director of the Company or a subsidiary of the Company (Service) throughout the vesting period. The Restricted Stock Units shall vest as follows: 25% of the RSUs vesting on December 1, 2024 and an additional 25% of the RSUs vesting every 6 months thereafter until fully vested.
- 2. Restricted stock unit award expires upon reporting person's termination of service.
- 3. Vesting is dependent upon continuous active service as an employee, consultant or director of the Company or a subsidiary of the Company (Service) throughout the vesting period. The Restricted Stock Units shall vest as follows: 33.33% of the RSUs vested on January 15, 2025 and an additional 33.33% of the RSUs will each vest on January 15, 2026 and January 15, 2027.

/s/ Samantha Lagocki, POA

\*\* Signature of Reporting Person Date

06/04/2024

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- \* If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.